

NC DEPARTMENT OF TRANSPORTATION  
Transportation Technician SBP Program  
Skill Block Cover Sheet

***Skill Code:*** \_\_\_\_\_

Employee: \_\_\_\_\_  
Cost Center: \_\_\_\_\_  
County: \_\_\_\_\_

Personnel ID#: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Title: \_\_\_\_\_

**Test Phase**

| <u>Date(s) Taken</u>        | <u>Result (Circle)</u> | <u>Score</u> |
|-----------------------------|------------------------|--------------|
| 1 <sup>st</sup> Date: _____ | Pass / Fail / N/A      | _____        |
| 2 <sup>nd</sup> Date: _____ | Pass / Fail            | _____        |
| 3 <sup>rd</sup> Date: _____ | Pass / Fail            | _____        |

**Training Phase**

Training/Certification (if applicable): \_\_\_\_\_  
(Attach certificate to back of form)

OJT Phase - Assigned To: \_\_\_\_\_  
(OJT Instructor)

Date Training Began: \_\_\_\_\_ Date Training Completed: \_\_\_\_\_

***The employee has satisfactorily demonstrated all of the skills.***

|       |                |
|-------|----------------|
| _____ | _____          |
| Date  | OJT Instructor |
| _____ | _____          |
| Date  | Supervisor     |

**Certification Phase**

|   | Yes (✓)                  | No (✓)                   | N/A (✓)                  |
|---|--------------------------|--------------------------|--------------------------|
| Prerequisites Met                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test Passed (if applicable)                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skills Demonstrated                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Time Constraints Satisfied<br>(if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SBP Certificate Sent to Employee              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|       |            |
|-------|------------|
| _____ | _____      |
| Date  | Supervisor |

**Compensation Phase**

***PD-105 Transmitted to Raleigh.  
Skill Block Cover Sheet Filed in Division***

|       |                             |
|-------|-----------------------------|
| _____ | _____                       |
| Date  | Branch/Unit/Division Office |